

**Office of the Regional Administrator / Region I**

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October 15, 2003

Beth Waldman, Acting Commissioner  
Division of Medical Assistance  
Executive Office of Health and Human Services  
600 Washington Street  
Boston, Massachusetts 02111

Dear Ms. Waldman:

I am pleased to inform you that your revised request to renew the State's home and community-based services waiver for people with mental retardation and developmental disabilities is approved, as authorized under section 1915(c) of the Social Security Act (the Act). The Boston regional office of the Centers for Medicare & Medicaid Services (CMS) received your request on July 21, 2003. This waiver renewal is assigned control number 0064.92.R3, which should be used in any future reference or correspondence. A copy of the approved waiver renewal document is enclosed.

You have asked to provide the following waiver services: respite care, residential habilitation, supported employment services, transportation, day habilitation supplement (an extended State Medicaid plan service), day services and supports, individual support and community habilitation, family support and community habilitation, personal agent services, assistive technology, and transitional services. You have requested an effective date of July 1, 2002. You will provide waiver services to Medicaid eligible individuals who would otherwise require the level of care in an intermediate care facility for the mentally retarded (ICF/MR).

You also asked to continue to waive the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act, and to continue to waive the institutional income and resource rules for the medically needy at section 1902(a)(10)(C)(i)(III).

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals estimated in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the Boston regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (7/1/2002 – 6/30/2003)	12,012		\$55,806	\$ 666,894,807
Year 2 (7/1/2003 – 6/30/2004)	12,762		\$57,928	\$735,100,477
Year 3 (7/1/2004 – 6/30/2005)	13,512		\$59,370	\$796,639,317
Year 4 (7/1/2005 – 6/30/2006)	14,262		\$61,566	\$870,911,983
Year 5 (7/1/2006 – 6/30/2007)	15,012		\$63,795	\$948,905,194

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. Based on the assurances you have given CMS, I approve the State's waiver renewal request for a five year period effective July 1, 2002.

We appreciate the effort and cooperation provided by you and your staff. If you have any questions concerning this renewal, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Charlotte S. Yeh, MD  
Regional Administrator

Enclosure

cc: Annette Shea, DMA Office of Long Term Care  
Mary Jean Duckett, CMS Central Office